The Numbers Count

Mental Disorders in America

Mental disorders are common in the United States and internationally. An estimated 22.1 percent of Americans ages 18 and older—about 1 in 5 adults—suffer from a diagnosable mental disorder in a given year. When applied to the 1998 U.S. Census residential population estimate, this figure translates to 44.3 million people. In addition, 4 of the 10 leading causes of disability in the U.S. and other developed countries are mental disorders major depression, bipolar disorder, schizophrenia, and obsessive-compulsive disorder. Many people suffer from more than one mental disorder at a given time.

In the U.S., mental disorders are diagnosed based on the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV).⁴

Depressive Disorders

Depressive disorders encompass major depressive disorder, dysthymic disorder, and bipolar disorder. Bipolar disorder is included because people with this illness have depressive episodes as well as manic episodes.

■ Approximately 18.8 million American adults, or about 9.5 percent of the U.S. population age 18 and older in a given year, have a depressive disorder.

- Nearly twice as many women (12.0 percent) as men (6.6 percent) are affected by a depressive disorder each year. These figures translate to 12.4 million women and 6.4 million men in the U.S.⁵
- Depressive disorders may be appearing earlier in life in people born in recent decades compared to the past. 6
- Depressive disorders often cooccur with anxiety disorders and substance abuse.

Major Depressive Disorder

- Major depressive disorder is the leading cause of disability in the U.S. and established market economies worldwide.³
- Major depressive disorder affects approximately 9.9 million American adults, or about 5.0 percent of the U.S. population age 18 and older in a given year.
- Nearly twice as many women (6.5 percent) as men (3.3 percent) suffer from major depressive disorder each year. These figures translate to 6.7 million women and 3.2 million men. 5
- While major depressive disorder can develop at any age, the average age at onset is the mid-20s. ⁴

Dysthymic Disorder

- Symptoms of dysthymic disorder (chronic, mild depression) must persist for at least 2 years in adults (1 year in children) to meet criteria for the diagnosis. Dysthymic disorder affects approximately 5.4 percent of the U.S. population age 18 and older during their *lifetime*. This figure translates to about 10.9 million American adults. ⁵
- About 40 percent of adults with dysthymic disorder also meet criteria for major depressive disorder or bipolar disorder in a given year.
- Dysthymic disorder often begins in childhood, adolescence, or early adulthood ⁴

Bipolar Disorder

- Bipolar disorder affects approximately 2.3 million American adults, or about 1.2 percent of the U.S. population age 18 and older in a given year.
- Men and women are equally likely to develop bipolar disorder.
- The average age at onset for a first manic episode is the early 20s. ⁴

Suicide

- In 1997, 30,535 people died from suicide in the U.S.⁸
- More than 90 percent of people who kill themselves have a diagnosable mental disorder, commonly a depressive disorder or a substance abuse disorder.

- The highest suicide rates in the U.S. are found in white men over age 85.8
- The suicide rate in young people increased dramatically over the last few decades. In 1997, suicide was the 3rd leading cause of death among 15 to 24 year olds. §
- Four times as many men than women commit suicide⁸; however, women attempt suicide 2–3 times as often as men.

Schizophrenia

- Approximately 2.2 million American adults, or about 1.1 percent of the population age 18 and older in a given year, have schizophrenia.
- Schizophrenia affects men and women with equal frequency.
- Schizophrenia often first appears earlier in men, usually in their late teens or early 20s, than in women, who are generally affected in their 20s or early 30s. 11

Anxiety Disorders

Anxiety disorders include panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, generalized anxiety disorder, and phobias (social phobia, agoraphobia, and specific phobia).

- Approximately 19.1 million American adults ages 18 to 54, or about 13.3 percent of people in this age group in a given year, have an anxiety disorder.
- Anxiety disorders frequently cooccur with depressive disorders, eating disorders, or substance abuse.
- Many people have more than one anxiety disorder. 11
- Women are more likely than men to have an anxiety disorder. Approximately twice as many women as men suffer from panic disorder, post-traumatic stress disorder, generalized anxiety disorder, agoraphobia, and specific

phobia, though about equal numbers of women and men have obsessive-compulsive disorder and social phobia. 11,14,15

Panic Disorder

- Approximately 2.4 million American adults ages 18 to 54, or about 1.7 percent of people in this age group in a given year, have panic disorder.¹²
- Panic disorder typically develops in late adolescence or early adulthood. 11
- About 1 in 3 people with panic disorder develop *agoraphobia*, a condition in which they become afraid of being in any place or situation where escape might be difficult or help unavailable in the event of a panic attack.

Obsessive-Compulsive Disorder (OCD)

- Approximately 3.3 million American adults ages 18 to 54, or about 2.3 percent of people in this age group in a given year, have OCD. 12
- The first symptoms of OCD often begin during childhood or adolescence. ¹¹

Post-Traumatic Stress Disorder (PTSD)

- Approximately 5.2 million American adults ages 18 to 54, or about 3.6 percent of people in this age group in a given year, have PTSD. 12
- PTSD can develop at any age, including childhood. ¹⁶
- About 30 percent of Vietnam veterans experienced PTSD at some point after the war. The disorder also frequently occurs after violent personal assaults such as rape, mugging, or domestic violence; terrorism; natural or human-caused disasters; and accidents.

Generalized Anxiety Disorder (GAD)

- Approximately 4.0 million American adults ages 18 to 54, or about 2.8 percent of people in this age group in a given year, have GAD.
- GAD can begin across the life cycle, though the risk is highest between childhood and middle age.

Social Phobia

- Approximately 5.3 million American adults ages 18 to 54, or about 3.7 percent of people in this age group in a given year, have social phobia. 12
- Social phobia typically begins in childhood or adolescence.

Agoraphobia and Specific Phobia

- Agoraphobia involves intense fear and avoidance of any place or situation where escape might be difficult or help unavailable in the event of developing sudden panic-like symptoms. Approximately 3.2 million American adults ages 18 to 54, or about 2.2 percent of people in this age group in a given year, have agoraphobia.
- Specific phobia involves marked and persistent fear and avoidance of a specific object or situation. Approximately 6.3 million American adults ages 18 to 54, or about 4.4 percent of people in this age group in a given year, have some type of specific phobia. 12

Eating Disorders

The 3 main types of eating disorders are anorexia nervosa, bulimia nervosa, and binge-eating disorder.

- Females are much more likely than males to develop an eating disorder.

 Only an estimated 5 to 15 percent of people with anorexia or bulimia and an estimated 35 percent of those with binge-eating disorder are male.
- In their lifetime, an estimated 0.5 percent to 3.7 percent of females suffer

from anorexia and an estimated 1.1 percent to 4.2 percent suffer from bulimia. 20

- Community surveys have estimated that between 2 percent and 5 percent of Americans experience binge-eating disorder in a 6-month period. 19,21
- The mortality rate among people with anorexia has been estimated at 0.56 percent per year, or approximately 5.6 percent per decade, which is about 12 times higher than the annual death rate due to all causes of death among females ages 15–24 in the general population. 22

Attention Deficit Hyperactivity Disorder (ADHD)

- ADHD, one of the most common mental disorders in children and adolescents, affects an estimated 4.1 percent of youths ages 9 to 17 in a 6-month period. ²³
- About 2–3 times more boys than girls are affected. ²⁴
- ADHD usually becomes evident in preschool or early elementary years. The disorder frequently persists into adolescence and occasionally into adulthood.²⁵

Autism

- Autism affects an estimated 1 to 2 per 1,000 people. ²⁶
- Autism and related disorders (also called autism spectrum disorders or pervasive developmental disorders) develop in childhood and generally are apparent by age 3.²⁷
- Autism is about 3–4 times more common in boys than girls. Girls with the disorder, however, tend to have more severe symptoms and greater cognitive impairment.²⁷

Alzheimer's Disease²⁸

- Alzheimer's disease, the most common cause of dementia among people age 65 and older, affects an estimated 4 million Americans.
- As more and more Americans live longer, the number affected by Alzheimer's disease will continue to grow unless a cure or effective prevention is discovered.
- The duration of illness, from onset of symptoms to death, averages 8 to 10 years.

For More Information

National Institute of Mental Health (NIMH)

Office of Communications and Public Liaison

Public Inquiries: (301) 443-4513 Media Inquiries: (301) 443-4536 E-mail: nimhinfo@nih.gov

Web site: http://www.nimh.nih.gov

All material in this fact sheet is in the public domain and may be copied or reproduced without permission from the Institute. Citation of the source is appreciated.

References

¹Regier DA, Narrow WE, Rae DS, et al. The de facto mental and addictive disorders service system. Epidemiologic Catchment Area prospective 1-year prevalence rates of disorders and services. *Archives of General Psychiatry*, 1993; 50(2): 85–94.

Narrow WE. One-year prevalence of mental disorders, excluding substance use disorders, in the U.S.: NIMH ECA prospective data. Population estimates based on U.S. Census estimated residential population age 18 and over on July 1, 1998. Unpublished.

Murray CJL, Lopez AD, eds. Summary: The global burden of disease: a comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020. Cambridge, MA: Published by the Harvard School of Public Health on behalf of the World Health Organization and the World Bank, Harvard University Press, 1996. http://www.who.int/msa/mnh/ems/dalys/intro.htm

⁴American Psychiatric Association. *Diagnostic and Statistical Manual for Mental Disorders, fourth edition (DSM-IV)*. Washington, DC: American Psychiatric Press, 1994.

⁵Narrow WE. One-year prevalence of depressive disorders among adults 18 and over in the U.S.: NIMH ECA prospective data. Population estimates based on U.S. Census estimated residential population age 18 and over on July 1, 1998. Unpublished.

Klerman GL, Weissman MM. Increasing rates of depression. *Journal of the American Medical Association*, 1989; 261(15): 2229–35.

⁷Regier DA, Rae DS, Narrow WE, et al. Prevalence of anxiety disorders and their comorbidity with mood and addictive disorders. *British Journal of Psychiatry Supplement*, 1998; (34): 24–8.

Hoyert DL, Kochanek KD, Murphy SL. Deaths: final data for 1997. *National Vital Statistics Report*, 47(19). DHHS Publication No. 99-1120. Hyattsville, MD: National Center for Health Statistics, 1999. http://www.cdc.gov/nchs/data/nvs47_19.pdf

- ⁹Conwell Y, Brent D. Suicide and aging I: patterns of psychiatric diagnosis. *International Psychogeriatrics*, 1995; 7(2): 149–64.
- ¹⁰Weissman MM, Bland RC, Canino GJ, et al. Prevalence of suicide ideation and suicide attempts in nine countries. *Psychological Medicine*, 1999; 29(1): 9–17.
- ¹¹Robins LN, Regier DA, eds. *Psychiatric disorders in America: the Epidemiologic Catchment Area Study.* New York: The Free Press, 1991.
- ¹²Narrow WE, Rae DS, Regier DA. NIMH epidemiology note: prevalence of anxiety disorders. One-year prevalence best estimates calculated from ECA and NCS data. Population estimates based on U.S. Census estimated residential population age 18 to 54 on July 1, 1998. Unpublished.
- ¹³Wonderlich SA, Mitchell JE. Eating disorders and comorbidity: empirical, conceptual, and clinical implications. *Psychopharmacology Bulletin*, 1997; 33(3): 381–90.
- ¹⁴Bourdon KH, Boyd JH, Rae DS, et al. Gender differences in phobias: results of the ECA community survey. *Journal of Anxiety Disorders*, 1988; 2:227–41.
- Davidson JR. Trauma: the impact of post-traumatic stress disorder. *Journal of Psychopharmacology*, 2000; 14(2 Suppl 1): S5–S12.
- ¹⁶American Academy of Child and Adolescent Psychiatry. Practice parameters for the assessment and treatment of children and adolescents with posttraumatic stress disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, 1998; 37(10 Suppl): 4S–26S.

- ¹⁷Kulka RA, Schlenger WE, Fairbank JA, et al. *Contractual report of findings from the National Vietnam veterans readjustment study.* Research Triangle Park, NC: Research Triangle Institute, 1988.
- ¹⁸Andersen AE. Eating disorders in males. In: Brownell KD, Fairburn CG, eds. *Eating disorders and obesity: a comprehensive handbook.* New York: Guilford Press, 1995; 177–87.
- ¹⁹Spitzer RL, Yanovski S, Wadden T, et al. Binge eating disorder: its further validation in a multisite study. *International Journal of Eating Disorders*, 1993; 13(2): 137–53.
- ²⁰American Psychiatric Association Work Group on Eating Disorders. Practice guideline for the treatment of patients with eating disorders (revision). *American Journal of Psychiatry*, 2000; 157(1 Suppl): 1–39.
- ²¹Bruce B, Agras WS. Binge eating in females: a population-based investigation. *International Journal of Eating Disorders*, 1992; 12: 365–73.
- ²²Sullivan PF. Mortality in anorexia nervosa. *American Journal of Psychiatry*, 1995; 152(7): 1073–4.
- ²³Shaffer D, Fisher P, Dulcan MK, et al. The NIMH Diagnostic Interview Schedule for Children Version 2.3 (DISC-2.3): description, acceptability, prevalence rates, and performance in the MECA Study. Methods for the Epidemiology of Child and Adolescent Mental Disorders Study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 1996; 35(7): 865–77.

- ²⁴Wolraich ML, Hannah JN, Baumgaertel A, et al. Examination of DSM-IV criteria for attention deficit/hyperactivity disorder in a county-wide sample. *Journal of Developmental and Behavioral Pediatrics*, 1998; 19(3): 162–8.
- ²⁵Barkley RA. Attention-deficit/hyperactivity disorder. In: Mash EJ, Barkley RA, eds. *Child psychopathology.* New York: Guilford Press, 1996; 63–112.
- ²⁶Bryson SE, Smith IM. Epidemiology of autism: prevalence, associated characteristics, and service delivery. *Mental Retardation and Developmental Disabilities Research Reviews*, 1998; 4: 97–103.
- ²⁷Fombonne E. Epidemiology of autism and related conditions. In: Volkmar FR, ed. *Autism and pervasive developmental disorders*. Cambridge, England: Cambridge University Press, 1998; 32–63.
- ²⁸National Institute on Aging. *Progress report on Alzheimer's disease, 1999.*NIH Publication No. 99-4664.
 Bethesda, MD: National Institute on Aging, 1999. http://www.alzheimers.org/pubs/prog99.htm